(c) the details of vacancies since filled up as also those remaining unfilled, till date?

THE MINISTER OF STATE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT [DR. (SHRIMATI) RITA VERMA]: (a) In AIIMS, the mode of selection for filling-up the vacancies of Junior Residents (Post graduate seats) is on the basis of merit. The PG Entrance Exam is conducted by AIIMS at all India Level twice in a year for January/July Session. The vacancies of Senior Residents are notified on the notice boards of various medical colleges and major Government Hospitals in Delhi. Posts of Senior and Junior Residents in Safdarjung Hospital are advertised in the Employment News for regular appointment once in a year.

(b) and (c) The vacancy position of Senior and Junior Residents in AIIMS and Safdarjung Hospital are as under:—

	AIIMS	SAFDARJUNG
Ist August, 2001		
Senior Residents	4	31
Junior Residents	—	27
Ist October, 2001		
Senior Residents	6	23
Junior Residents	—	49

The post of Senior/Junior Residents in Safdarjung is filled on ad-hoc basis pending regular appointment. In AIIMS efforts are on to fill the vacant posts.

Steps taken to tackle biological/chemical attack

†770. SHRI P.K. MAHESHWARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether doctors in Government hospitals are ill-equipped for combating the situation arising out of biological or chemical attack in the country especially in the Capital;

(b) if so, whether Government have sent the doctors for training to the Gwalior based military center to combat the situation; and

(c) if so, what other concrete steps Government have taken to have adequate control over the situation?

†Original notice of the question was received in Hindi.

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) The Government hospitals in the capital have necessary expertise and are equipped to tackle the situation arising out of biological or chemical attack. Continuing Medical Education activities are being conducted in the Central Government hospitals in Delhi to sensitise the medical and paramedical personnel on biological terrorism. Training of doctors at Gwalior was not considered necessary.

(c) Government has initiated the following actions:

(i) A detailed list of biological and chemical agents used as weapons prepared by the Indian Council of Medical Research along with signs and symptoms, likely method of dissemination, incubation period, lethality and the availability of vaccines, anti-microbial therapy and treatment has been circulated to all the States and Union Territories and Central Government hospitals in order to take precautionary steps such as earmarking of maximum number of beds for emergency contingency, stocking of vaccines/sera/drugs to the extent possible, setting up a special team of doctors for coordinated action and sensitise them on the impact of such weapons and treatment measures.

(ii) A national workshop was conducted at the NICD in September 2001 for developing surveillance mechanism for pathogens with biological warfare potential including that of anthrax.

(iii) An issue of CD alert (monthly Newsletter of NICD) on bio-terrorism with special reference to anthrax was circulated in October, 2001 to all the concerned health authorities in different States and Union Territories. The issue also covered the guidelines to be followed during biological war/terrorism and effective handling of suspicious envelops/package.

(iv) Guidelines for packaging, transportation of clinical specimens and processing protocol in laboratories were circulated to all the Medical Colleges in the country.

(v) National Institute for Communicable Diseases, Delhi has been identified as the nodal agency for investigations of any specimen suspected for anthrax.

(vi) A round the clock control room is functioning at NICD from 19th October, 2001 where suspected envelops/packages are being received for tests.